

SUBSTITUTION*
in
Non-Degree Alternate Certification
College of Education

Student's Name: _____ Date: _____

Major: _____

Proposed Course:

Course Name	Number	Title
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To be Substituted For:

Course Name	Number	Title
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Reason for Substitution: _____

Requested by: _____

Student's Signature

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Approval Signatures:

Advisor: _____	Date _____
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Dept. Head or Dean (Academic Area): _____	_____
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Dept. Head (COE): _____	_____
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Dean (College of Education): _____	_____
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*Approval must be secured prior to enrollment in the course to be substituted. Substitution will not be granted for courses in which a deficient grade has been earned.